

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-8900		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.			
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED					
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON		DATE OF CRASH: 5/18/13			DAY: Fri	TIME: 1502	
CRASH OCCURRED ON 1065 Hunter Run				WITHIN THE INTERSECTION OF											
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)									CITY CODE		
LOG-1		LOG-2		LOC		JUR		FH9		FILT					
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>			INSURANCE CO OR AGENT Safe Insurance		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Alphonso John				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 130 W Liberty Street Lebanon Ohio 45036											
PHONE NO. 352-364-487		BIRTH DATE 6/10/91		AGE 23		SEX M		SOCIAL SECURITY NO. N/A		STATE OH			DRIVER'S LICENSE NO. TG771325		OCCUPATION N/A
OWNER (IF SAME AS DRIVER, WRITE SAME) U Haul				ADDRESS 2320 Gilbert Ave Cincinnati, Ohio 45206									PHONE 513-248-3110		
VEH YR 2012		MAKE GMC		MODEL Truck		COLOR White		STYLE Truck		STATE Arizona		LICENSE PLATE NO. TG771325		TOWING SERVICE N/A	VEH/PED DIR FROM TO
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8	UNIT NO. 2	NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/>		PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Alfa Insurance			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Zagara, Nichol				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1053 Hunters Run, Lebanon Ohio 45036											
PHONE NO. 513-808-7528		BIRTH DATE 2/5/89		AGE 26		SEX F		SOCIAL SECURITY NO. N/A		STATE OH		DRIVER'S LICENSE NO. TR208165		OCCUPATION N/A	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same								PHONE Same			
VEH YR 2004		MAKE Jeep		MODEL 45		COLOR Blue		STYLE SUV		STATE OH		LICENSE PLATE NO. FW54183		TOWING SERVICE N/A	VEH/PED DIR FROM TO
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES					
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F					
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED							
		ADDRESS		PHONE		SEX		CONDITION							
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN							
		ADDRESS		PHONE		SEX		RESTRAINTS							
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		A B C D E F		ALCOHOL					
		ADDRESS		PHONE		SEX		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO 1 TESTED TESTED					
A B C		INJURED TAKEN TO		By		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN							
D E F		INJURED TAKEN TO		By		A B C D E F		EJECTION		DRUGS					
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		A TESTED 0 TESTED 1 YES NO YES NO					
D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG							
A B C		RECEIVED CALL 1502		DISPATCHED 1503		ARRIVED 1509		CLEARED 1523		OTHER TIME 0000		TOTAL MINUTES 0014			
D E F		DATE REPORT FILED 5/22/13		PHOTOS YES		OFFICER'S NAME E. Holmes		BADGE NO. 122		CHECKED BY					